MDR Tracking Number: M5-04-3648-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 06-28-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, supplies/materials, electrical stimulation, therapeutic activities and hot/cold pack therapy were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 12-01-03 through 12-18-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 27th day of August 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division
DLH/dlh

MEDICAL REVIEW OF TEXAS

[IRO #5259]
3402 Vanshire Drive Austin, Texas 78738
Phone: 512-402-1400 FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

REVISED 8/24/04

TWCC Case Number:
MDR Tracking Number: M5-04-3648-01
Name of Patient:
Name of URA/Payer:
Name of Provider: (ER, Hospital, or Other Facility)
Name of Physician: (Treating or Requesting)

August 17, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

CLINICAL HISTORY
Records reviewed included: 1) Dr. I's procedure notes from 2/24/03 through 6/18/03; and 2) physical therapy notes from 12/1/03 through 12/18/03.

46-year-old male injured on the job on ___. He developed lower back and right buttock/leg pain.

REQUESTED SERVICE(S)
Office visits, supplies/materials, electrical stimulation, therapeutic activities and hot/cold pack therapy for dates of service 12/1/03 through 12/18/03.

DECISION
Uphold denial.

RATIONALE/BASIS FOR DECISION

On review of the "Pampa Physical Therapy SOAP Notes," it is apparent that this patient could perform the described level of physical therapy at home (i.e. a home program). A home based program at this juncture is supported by the North American Spine Society's Clinical Guidelines. Furthermore, concerning the therapeutic modalities used, they are not appropriate at this juncture. Please see Drs. David Weber and Alan Brown chapter in the *Physical Medicine & Rehabilitation* textbook edited by Dr. RandallBraddom.